
# TENNCARE PARTICIPATING PHARMACY APPLICATION

## For Ambulatory and Long Term Care Pharmacy Providers

**NCPDP#** _____ **NPI:** _____ **CHAIN CODE(S):** _____

**Pharmacy DBA Name:** _____

**Pharmacy Address:** _____
(Physical Location) (number and street name)

_____
(city/state) (zip code) (county)

Payment/Remittance Address: _____
**(if different from physical location)** (number/street name)

_____
(city/state) (zip code) (county)

Pharmacy Phone #: _____ FAX# _____
(area code/number) (area code/number)

Pharmacy E-Mail Address: _____

DEA#_____ TAX ID #_____STATE LICENSE #_____

Pharmacy Owner Name _____

Owner Address: _____
(number/street name) (city/state) (zip code)

---

**Are any of the pharmacies owned by this contract unable to operate due to their license being suspended by a state of federal agency?** **YES NO**

**Are any of the pharmacies covered by this contract currently operating on a probationary status with any sanctions imposed by any third party or licensing authority upon their operation?** **YES NO**

**Have any of the pharmacies covered by this contract had their license suspended by a state or federal agency in the past five years?** **YES NO**

**Have any disciplinary actions been imposed in the past three years by any state/federal agency upon the corporate office, any pharmacy or any employee pharmacist?** **YES NO**

**Are there any pharmacists currently employed that would not be covered by the company's malpractice insurance policy or their own malpractice insurance policy?** **YES NO**

If **YES**, to any of the above questions, explain the type of conviction or exclusion, the pharmacy(s), the staff involve and if reinstatement has occurred.

Application Surety Statement:

I certify that the information provided on this application is complete and accurate to the best of my knowledge and that the Pharmacy identified herein will comply with all the requirements set forth in the Pharmacy Participation Agreement and the TennCare Pharmacy Manual."

Signature: _____ Date: _____

Printed Name: _____ Title: _____